

Annex 1 (Page 1 of 2) : APPLICATION FORM FOR BUSINESS PERMIT

TAX YEAR _____

MUNICIPALITY OF PILAR

Business Permit No.: _____

GENERAL INSTRUCTIONS:

- A. Provide accurate information and print legibly to avoid delays. Put N/A if not applicable. **INCOMPLETE DATA ON APPLICATION FORM WILL BE RETURNED TO THE APPLICANT.**
- B. Please ensure that all documents attached to this form are complete and properly filled out.

1. BASIC INFORMATION AND REGISTRATION

New Renew **Mode of Payment:** Annually Semi- Annually Quarterly

FOR BUSINESS ACCOUNT MODIFICATION:

Change of Name Change of Location Change of Ownership Change of Entity

DTI/ SEC/ CDA Registration No.: _____ Tax Identification Number: _____

DTI/ SEC/ CDA Date of Registration: _____

Type of Business: Single Proprietorship (DTI) Partnership (SEC) Corporation (SEC) Cooperative (CDA)

Are you enjoying tax incentive from any Government Entity? Yes (Please specify the entity: _____) No

BUSINESS NAME:

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____

CTC Number: _____

Mobile Number: _____

Email Address: _____

2. BUSINESS OPERATION

Business Address: _____

Mobile Number: _____

Email Address: _____

Total No. of Employees: Female: ____ Male: ____ Business Area (in sqm.): ____ No. of Employees residing within Pilar: ____

NOTE: FILL UP ONLY IF BUSINESS PLACE IS RENTED

Lessor's Full Name: _____

Lessor's Full Address: _____

Lessor's Full Mobile Number: _____

Monthly Rental: _____

BUSINESS ACTIVITY

Line of Business	Capitalization (for New Business)	Gross/ Sales Receipts (For Renewal)	
		Essentials	Non-Essential

I DECLARE UNDER PENALTY OF PERJURY that all information in this application is true and correct based on my personal knowledge and authentic records submitted to Local Government Unit of Pilar. Any false or misleading information supplied, or production of fake/ falsified documents shall be grounds for appropriate legal action against me and automatically revokes the permit.

FURTHER, I HEREBY ACKNOWLEDGE that I have read and understood Data Privacy Act and agree there to as well. I give my consent to LGU-Pilar Business Permit and Licensing Office to collect, use and process my personal information. I understand that my consent does not preclude the existence of other criteria for lawful processing of personal data and does not waive any of my rights under the Data Privacy Act of 2012 and other applicable laws.

Signature over Printed Name of Applicant/ Taxpayer

Designation/ Position

Business Trade Name

Business Address

Date

HON. CAROLYN C. SY- REYES

Municipal Mayor

Pilar, Sorsogon

The Honorable Mayor:

As () owner/proprietor () President/Manager of the above-named establishment, may I have the honor to () apply () renew the Mayor's Permit for my business stated above, subject to compliance with the requirements and verification of the same.

In connection therewith, I hereby promise to faithfully comply with all the laws, ordinances and implementing rules and regulations promulgated by duly constituted authorities, and

1. To promptly pay whatever amount of the tax and fee that may be imposed by the government and to have my books, accounts and other pertinent records available for examination by the Municipal Treasurer or his duly authorized deputies as per Sec. 171 of RA 7160.

2. To operate only the business granted approval under this application and upon the grant of a Mayor's Permit.

3. To surrender the permit to your office through the Business Permit and Licensing Office within twenty (20) days upon cessation of operation of the business.

4. To refrain from operating the business upon expiration of the permit to engage in business and to engage in any other business without securing a separate permit.

5. To post the mayor's permit and business plate in a conspicuous place in the establishment.

Your favorable consideration on this application would be highly appreciated.



APPLICANT'S SIGNATURE OVER PRINTED NAME

Annex 1 (Page 2 of 2): APPLICATION FORM FOR BUSINESS PERMIT
Business Permit No: _____

ASSESSMENTS

LOCAL TAXES	AMOUNT DUE	PENALTY	SURCHARGE	INCENTIVE	TOTAL
Gross Sales Tax					
Tax on delivery vans/ trucks					
Tax on storage for combustible/ flammable of explosive substance					
Tax on signboard/ billboards					
REGULATORY FEES AND CHARGES					
Mayor's Permit Fee					
Garbage Collection Fee					
Municipal Environment & Natural Resources Certificate Fee					
Health Examination Fee					
Sanitary Permit Fee					
Sanitary Inspection Fee					
Locational Clearance Fee/ Inspection Fee					
Annual Inspection Fee (Building)					
Realty Tax Clearance Fee					
Cost of Plate/ Sticker					
Others					

Assessed by:

DARNY L. BALOLOY
Revenue Collector Clerk III

Assessment Reviewed by:

ARLENE A. RAMOS
Municipal Treasurer

VERIFICATION OF DOCUMENTS FOR NEW BUSINESS

DESCRIPTION	OFFICE/ AGENCY	COMPLIAN CE			REMARKS	EVALUATED BY: <i>(Signature over printed name)</i>
		Y	N	NR		
Locational Clearance/ Inspection Certification	Office of the Municipal Planning & Development					
Municipal Environment & Natural Resources Certificate	Office of the Municipal Environment & Natural Resources					
Sanitary Permit/ Health Card	Office of the Municipal Health – Sanitation Department					
Occupancy Permit/ Annual Building Inspection Certificate	Office of the Municipal Engineer					
Realty Tax Clearance Certificate	Office of the Municipal Treasurer					
Valid Fire Safety & Inspection Certificate	Bureau of Fire Protection					

* Y – Yes; N- No; NR- Not Required



Local Government Unit of Pilar
**OFFICE OF THE LOCAL ECENOMIC DEVELOPMENT & INVESTMENT PROMOTION/
 OFFICE OF THE BUSINESS PERMIT & LICENSING**

REQUEST SLIP

Date: _____

- () Application for Business Permit (New/ Renewal)
- () Certification
 Please specify: _____
- () Application for Business Closure/ Permit Cancellation
- () Business Change Name () Location () Ownership () Business Entity () Type of Business
- () Certified True Copy
- () Technical Assistance/ Inquiry
- () Others please specify: _____

Requested by:

Signature over Printed Name: _____
 Contact Number: _____

ACTION TAKEN: *(To be filled out by the personnel)*

- () Approved
- () Returned
- () Others please specify: _____

Received by:	Date:	Time:
Released by:	Date:	Time:



REQUIREMENTS FOR NEW BUSINESS PERMIT

Name: _____
 Date: _____ No.: _____

- Duly Accomplished Application Form *(2 copies)*
- Duly Accomplished Request Form
- Barangay Business Clearance
- Proof of business registration *(DTI Business Name Registration/ SEC/ CDA) (Original & Photocopy)*
- Contract of Lease/ TCT/ Tax Declaration/ Written Consent of Property Owner *(if applicable) (Original and Photocopy)*
- Valid Fire Safety & Inspection Certificate *(Original & 2nd Copy)*
- Location Sketch *(Original)*
- Authorization Letter and Valid ID *(for owner & representative) (Original)*
- Others *(Depending on the nature of business)*

Checked by: _____

KATHLENE A. ANDRADE